



Missouri Consolidated Health Care Plan

Plan #7670-00-410425 and #7670-02-410425

Reimbursement Form for Travel and Lodging Associated with a Transplant When the Facility is More than 50 Miles from Residence

Travel and lodging allowance for recipient and his/her immediate travel companion* only.

Choose one of the following ways to submit this form and copies of your receipts:

Fax: 877-309-9765
Attn: Transplant

Mail: UMR
Attn: Transplant
115 W Wausau Ave
Wausau, WI 54401

SUBSCRIBER NAME _____

SUBSCRIBER ID NUMBER _____

PATIENT NAME _____

DATE OF TRANSPLANT _____

Travel to _____

Travel from _____

TRANSPORTATION REIMBURSEMENT MILEAGE _____

Travel associated with service dates of _____

LODGING REIMBURSEMENT AMOUNT (copies of receipts required) _____

Lodging Associated with service dates of _____

UMR USE ONLY

REIMBURSE THE SUBSCRIBER

*Travel and lodging is covered for both parents if the recipient is younger than 19



A UnitedHealthcare Company